

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby appoint:		
Practitioners associated with the Customer Number	45115	·
OR		
Practitioner(s) named below (if more than ten patent pra	actitioners are to be named, then a	a customer number must be used):
Name	Registration Number	
		<del></del>
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).		
Assignee Name and Address:		
The Government of the United States of America as represented by the Secretary of the Department of Health and Human Services		
as represented by the secretary of the Department of Health and Hullan Services		
National Institutes of Health Office of Technology Transfer		
6011 Executive Blvd., Suite 325		
Rockville, MD 20852-3804		
A convert this form to make a with a statement and at 27 OFD 2 72(b) (Form DTO(DD)(Convertible)		
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b)		
may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of		
Attorney is to be filed.		
SIGNATUR The individual whose signature and title is s	E of Assignee of Record supplied below is authorized to act on	behalf of the assignee
Name James C. Haight		
Signature kun (	Date 2-12-0	y <del>t</del>
Title SenJor Patent Attorney	Telephone	301-435-5470
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